



San Diego County
COMMUNITY ACTION BOARD
Board Member Application

Date	_____		
Name	_____		
Street	_____		
City	_____	Zip	_____
Email	_____		
Contact Phone (day):	_____	Evening:	_____

Please tell us about yourself and how you would like to help your community.

The board meets on the second Friday of each month from 2:30-4:00 pm in the city of San Diego. Does this create any barriers for you? Please explain.

Please attach a brief biography or resume of yourself that describes your experience in working with the community.

How did you learn about the openings on the Community Action Board? (please check one)

☐ Flyer ☐ Radio ☐ TV ☐ Newspaper ☐ Other

Thank you for completing this form. Please return, fax, or email to:

Juana Dueñas
Community Action Partnership
1255 Imperial Avenue, Room 446
San Diego, CA 92101
Fax: (619) 338-2778
Juana.duenas@sdcounty.ca.gov

